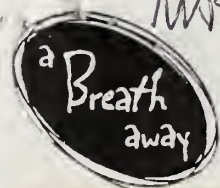


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A Campaign to Prevent Inhalant Abuse

Bureau of Substance Abuse Services
Massachusetts Department of Public Health

AUDIENCE: Adults Only

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Massachusetts Department of Public Health
Bureau of Substance Abuse Services

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BULLETIN

Inhalant Abuse Alert

Introduction: This bulletin is being issued to alert education, healthcare, and other youth-serving professionals about the little-known problem of inhalant abuse among youth. In 1996, 23.8% of Massachusetts students in grades 7-8 reported trying inhalants at least once and 7.1% used inhalants in the last thirty days. Inhalants are the third most abused substance (after alcohol and tobacco) for Massachusetts sixth- and seventh-graders.[†]

What is Inhalant Abuse: Inhalant abuse is the intentional breathing in of gas and vapors with the goal of getting high. It does *not* refer to snorting cocaine or smoking substances such as tobacco, marijuana, crack cocaine or opium. There are over 1,000 common household, school, and industrial products that can be abused. Typical substances include gasoline, paint thinner, nail polish remover, typewriter correction fluid, butane (cigarette lighters), propane (barbecues), Freon® (air conditioners), Halon® (fire extinguishers), nitrous oxide (laughing gas), permanent and dry erase magic markers, many glues and adhesives, and aerosol cans containing paint, deodorant, hair spray, stain guards, air freshener, insecticides, and whipped cream. For questions about the toxic effects of a substance, contact the Massachusetts Poison Control Center at 617-232-2120 or 1-800-682-9211.

How Inhalants are Used: Aerosols are often sprayed into a plastic or paper bag and the vapors are inhaled from the bag, or they can be directly sprayed into the mouth or nose. Solvents can be poured on a rag or sleeve and the vapors inhaled. Solvents and aerosols can be put into a soda can or other container and the vapors can be breathed directly. Correction fluid can be painted on the finger nails and inhaled. Permanent magic markers and dry erase markers are directly inhaled. Nitrous oxide is usually inhaled from a balloon.

Who is at Risk: Studies by the Massachusetts Department of Public Health show that all youth are at risk for inhalant abuse. The rate of inhalant abuse is higher among seventh- to ninth-graders, youth in larger towns (50,000 to 90,000), and Caucasians. After eighth grade use tends to decrease.[†]

Patterns of Abuse: There are many patterns of use, depending on the age, ethnicity and size of the community. Some inhalant users report experimentation as early as the third or fourth grade. Often, they learn about inhalants from a friend or family member, television, or through word-of-mouth, but rarely are they aware of the dangers. Inhalants may be used alone or with a small group of peers. They are attractive to children because they are easy to obtain, free or inexpensive, difficult to detect, and many adults are not aware of the problem and don't take use seriously. Unlike other substances, inhalants are legal to possess for their intended use; although in Massachusetts, the possession, use, purchase or sale of these products for the purpose of causing intoxication is illegal [Massachusetts General Law, Chapter 270-18].

Effects of Inhalant Use: Inhalants produce an effect within seconds that may last from fifteen to forty-five minutes. These substances generally act as central nervous system depressants. After an initial euphoria, a depressed state follows that can be accompanied by sleepiness or sleep. Inhalants lower breathing and heart rates and impair coordination and judgment. Dosages are repeated to maintain intoxication.

Dangers of Use: Inhalants can cause severe and permanent damage to the brain, peripheral nerves, kidneys, liver, bone marrow, and other organs. Some inhalants cause chromosome and fetal damage much like Fetal Alcohol Syndrome. More than any substance, inhalants can cause sudden death resulting from heart arrhythmia and suffocation. Chronic inhalant users can develop physical addiction (with tolerance and withdrawal symptoms) and psychological dependence.

Signs: There are several signs associated with inhalant abuse. If you suspect a child or adolescent is abusing inhalants, watch for:^{††}

- Discarded product containers
- Bags, rags, gauze, or soft drink cans used to inhale the fumes
- Traces of odors of paint, gasoline, or glue

Physical symptoms of abuse may include:

- Facial rash
- Blisters or soreness around the nose, mouth, or on the lips
- Runny nose and frequent sniffing
- Irritated or glazed eyes and dilated pupils
- Frequent unexplained coughing
- Hand tremors
- Unusual harsh breath odor

A person who is intoxicated from sniffing inhalants may exhibit:

- Extreme mood swings
- Uncontrolled laughter
- Grandiose and hostile speech
- Bizarre risk-taking
- Increased irritability and anger
- Violent outbursts
- Nausea, loss of appetite, vomiting
- Hallucinations and convulsions

What do you do if you suspect a young person is in crisis as a result of inhalant intoxication? Experts recommend several steps:

- Lay the person on his or her side to prevent aspiration of vomit.
- Call an ambulance.
- See that he or she gets fresh air.
- Remain calm and supportive. Agitating the person may increase the risk of Sudden Sniffing Death Syndrome.
- Minimize distractions and try to keep the person from moving.
- Stay with the person until he or she receives medical attention.

Assessment Considerations: 1) Because inhalants are seen by many substance abusers as "low status" or "childish", children may be especially reluctant or embarrassed to admit use. 2) Many youth confuse "inhaling" with "smoking" or "snorting." For example, you might ask, "Have you ever inhaled anything to get high? For instance, the gases or fumes or vapors from household products or products used in a shop, art projects or a garage. I am not talking about anything you might *smoke*, like tobacco, marijuana, or crack or anything you might *snort* like cocaine." 3) Because youth are generally not aware of the special dangers of inhalants, any child who has experimented with them even once should receive inhalant prevention education. Parent education is also essential.

Treatment Considerations: 1) Individuals who are regular users of inhalants can take thirty to forty days or more to detoxify. Adequate detoxification is crucial to successful treatment. 2) Inhalants can produce both psychological dependence and physical addiction. Withdrawal symptoms may include hand tremors, nervousness, excessive sweating, hallucinations, chills, headaches, abdominal pain, muscular cramps, and delirium tremens. 3) Inhalant abusers have very high relapse rates. Aftercare and follow-up are extremely important.[‡]

Treatment Options: Through its network of community providers, the Massachusetts Department of Public Health supports outpatient and residential programs for youth who are abusing inhalants and other drugs. For information on programs, call the Massachusetts Substance Abuse Information and Education Helpline (617-445-1500 in the Boston metropolitan area or 1-800-327-5050 statewide).

Prevention Strategies: Telling youth about the names and types of abusable products increases the likelihood that some youth will experiment with inhalants. A key prevention message is that inhalants should be equated with poisons, not drugs. Children should not be taught what products can be abused, rather the damaging effects of inhalants should be stressed.^{‡‡} Other strategies include teaching inhalant refusal skills; supporting positive youth development and leadership; and educating parents and other community members. For more information on inhalant prevention, contact your local Massachusetts Prevention Center (Call 617-624-5070 to find the location) or the Massachusetts Inhalant Abuse Task Force (617-623-2080).

Sources:

[†]Massachusetts Dept. of Public Health, "Adolescents Substance Use in Massachusetts: Trends Among Massachusetts Public School Students, 1984-1996," May 1997
[‡]Riedel, Steven. "Inhalants: A Growing Health Concern." Behavioral Health Management, May/June 1995, V15, N3, P28(3).

^{††}———"A Breath of Death." Adolescence, September 1993

^{‡‡}Groves, Mark. Sniffing and Huffing: A Comprehensive Guide for the Prevention and Treatment of Children's Inhalant Abuse. The Eden Statewide Children's Chemical Health Services Project, Minneapolis, MN, 1996 (Phone: 612-874-9441).
Rev. Sept. 18, 1997



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Bureau of Substance Abuse Services
Massachusetts Department of Public Health

Youth Services Providers:

What You Can Do About Inhalant Abuse

Become aware of the problem. Educate yourself and others about inhalant abuse including what types of products can be abused and the signs of abuse.

Make sure youth are getting the message about the dangers of all substance abuse and inhalant abuse. The main prevention message is that INHALANTS ARE POISONS AND ARE DANGEROUS LIKE OTHER POISONS. Care should be taken to avoid advertising what products can be abused or how they can be abused. Inhalant abuse prevention activities should be provided in conjunction with alcohol and other drug prevention activities. Another approach is Peer Education Programs, where youth teach other youth health information and behaviors. Prevention activities should begin with elementary school aged youth since use may begin in third or fourth grade and peaks in seventh and eighth grade.

Don't use products that can be easily abused. Many abusable solvent based products are found in community centers. These include typewriter correction fluids, glues made with solvents, and dry erase and permanent markers. Instead use water-based versions of these products.

Be aware of how much of an item is being used. If solvent based products are used, they should be used under close adult supervision. These include spray paints, solvent based glues, gasoline, paint thinners, and many products packaged in aerosol cans. If it seems like too much is being used, ask questions and monitor the situation closely.

If you are suspicious about a child's behavior, be sure to follow up. Ask them about inhalants and be specific about why you are suspicious. Don't dismiss your gut feelings that something is not right. REMEMBER, ONE OF THE ATTRACTIONS OF INHALANTS IS THAT ADULTS ARE NOT SUSPICIOUS OF IT AND DON'T RECOGNIZE USE. If you have questions about a substance, call the Massachusetts Poison Control Center at 617-232-2120 or 1-800-682-9211.

Don't tolerate any experimentation. Remember even limited use can be fatal. Seek an alcohol and drug assessment and take appropriate action. Even if it turns out to be a false alarm, your action sends a clear message about your expectations.

For more information: Contact your local Massachusetts Prevention Center (over) or the Massachusetts Poison Control Center.

Massachusetts Prevention Centers

Resources for Building Healthy Communities

Greater Western MA	76 Pleasant Street Northampton, MA 01060	Tel: Northampton Area 413-584-3880 Long Distance: 1-800-850-3880 TTY: 413-586-6598 Fax: 413-585-9765
Lower Pioneer Valley	110 Maple Street, Suite 301 Springfield, MA 01105-1857	Tel: 413-732-2009 1-800-789-3070 TTY: 413-732-1501 Fax: 413-732-1305
Greater Worcester North Central MA	531 Main Street Worcester, MA 01608	Tel: Worcester 508-752-8083 Outside Worcester 1-800-752-8083 TTY: 508-753-3115 Fax: 508-798-9857
Greater Framingham South Central MA	158 Union Avenue Framingham, MA 01701	Tel: 508-875-5419 TTY: 508-875-5502 Fax: 508-875-6214
Merrimack Valley	21 Lawrence Street Lawrence, MA 01840	Tel: 508-688-2323 1-800-LIVEWELL TTY: 508-975-7778 Fax: 508-975-7779
West Suburban North Shore	27 Congress Street Salem, MA 01970	Tel or TTY: 508-745-8890 1-800-334-5512 Fax: 508-741-3104
Metro Boston Southeast MA	942 West Chestnut Street Brockton, MA 02401	Tel: 508-583-2350 TTY: 508-583-2847 Fax: 508-583-2611
Metro Boston Suburban	552 Massachusetts Avenue Suite 203 Cambridge, MA 02139	Tel or TTY: 617-441-0700 Fax: 617-441-0555
Boston	95 Berkeley Street Boston, MA 02116	Tel: 617-423-4337 TTY: 617-451-0007 Fax: 617-451-0062
Southeast Coastal MA	105 William Street New Bedford, MA 02740 Mailing Address: PO Box 2097 New Bedford, MA 02741	Tel: 508-996-3147 TTY: 508-991-4943 Fax: 508-990-1465

✻ The Massachusetts Prevention Centers are supported by the Massachusetts Department of Public Health, the Massachusetts Department of Education, and the Massachusetts Executive Office of Public Safety. ✻ Rev 4/8/96



Examples of Inhalants in the School

Location	Type or Source of Inhalant	Prevention Strategy	
		Use Water Based Products	Supervise Use
School Supplies	Cements and glues	✓	✓
	Typewriter correction fluid	✓	✓
	Magic markers, dry erase markers	✓	✓
	Ditto machine fluid		✓
Wood Shop	Paints, varnishes, stains, paint thinner	✓	✓
	Contact cement	✓	✓
Graphic Arts	Rubber cement	✓	✓
	Printing inks	✓	✓
	Spray paints and clear finishes	✓	✓
	Typewriter correction fluid	✓	✓
Auto Shop	Degreasers, WD40®, solvents, Freon®, brake fluid, gasoline		✓
Auto Body	Lacquers, lacquer thinners		✓
Cosmetology	Nail polish and nail polish remover, hair spray		✓
Culinary Arts	PAM®		✓
	Whipping cream in cans, whipping cream cartridges		✓

Strategies for Decreasing the Risk of Inhalant Abuse

1. Identify products that can be abused. One clue is a label warning: "Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal." (From a can of PAM®); "Avoid breathing vapors." (From a can of paint); "Use in a well ventilated area." (From a can of WD40®).

2. Find non-toxic substitutions. Many products such as correction fluid, glues; magic markers, paints and stains have 'water based' or 'non-toxic' versions.

3. When a safe product cannot be substituted, use

under close supervision and control. Account for usage, check products in and out, be aware of disappearing supplies.

4. Most important, provide inhalant abuse prevention education to all students in the context of a comprehensive alcohol, tobacco, and other drug abuse prevention program. Also, use care in discussing specific products—this can arouse curiosity and increase experimentation. A chart like the one above is for adults only.



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A Campaign to Prevent Inhalant Abuse
Bureau of Substance Abuse Services
Massachusetts Department of Public Health

Groups, Organizations and Programs for Inhalant Abuse Prevention

**Center for Substance Abuse
Treatment Drug Abuse Information
and Treatment Referral Hotline**
1-800-662-HELP

Hazelden Educational Materials
P.O. Box 176
Center City, MN 55012
1-800-328-9000

**Chemical Specialties Manufacturers
Association, Inhalation Abuse Educa-
tion Program**
1913 Eye Street, NW
Washington, DC 20006

**International Institute
for Inhalant Abuse**
799 East Hampden Avenue, Suite 500
Englewood, CO 80110
303-788-1951

Colorado Inhalant Abuse Program
1060 Bannock Street, Suite 314
Denver, CO 80204
303-623-4234

National Inhalant Prevention Coalition
1201 West Sixth Street; Suite C200
Austin, TX 78703
512-480-8953 or 800-269-4237

COSSHMO
Southwest Inhalant Abuse Project
1501 16th Street, NW
Washington, DC 20036
202-797-4339

**Solvent Abuse Foundation
for Education (SAFE)**
750 17th Street, NW
Washington, DC 20006
202-332-7233

Eden Children's Project
1035 Franklin Avenue East
Minneapolis, MN 55404
612-874-9441

**National Clearinghouse
for Alcohol and Drug Information**
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600
1-800-729-6686

Recommended Inhalant Abuse Prevention Materials

Educational Videos

(Available at all Massachusetts Prevention Centers)

1. "A Wasted Breath: Kids on Inhalants," Media Projects, Inc., Dallas, Texas 214-826-3863.
2. "Inhalant Abuse: Kids in Danger, Adults in the Dark." Media Projects, Inc. Dallas, Texas 214-826-3863. This video is intended for adult viewers; it may encourage inhalant abuse if shown to youth.

Curricula

1. "Teacher's Guidebook to Inhalant Abuse." Texas Prevention Partnership, Austin, TX. Available from the National Inhalant Prevention Coalition, 512-480-8953 or 800-269-4237. Cost: \$20 plus shipping.
2. "Project Overview and Curriculum." Southwest Inhalant Abuse Prevention Initiative. National Coalition of Hispanic Health and Human Services Organizations (COSSMHO). For more information, please contact Heather Jeffrey (202-797-4339).